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Items of Interest:

Fight the Bite! Don't let mosquitoes come and ruin your summer festivities. Keep insect repellent handy and get rid of mosquito breeding sites in the yard (areas of standing water, such as, bird baths, buckets of water, etc.). This summer, of particular concern, are those regions that have seen very heavy rain and flooding within the past few weeks. Just one mosquito bite can transmit West Nile Virus (WNV) or other diseases. To prevent illness from WNV and other mosquito-borne diseases, remember:

- Use Mosquito Repellent
- Eliminate Mosquito Breeding Sites
- Install or Repair Window and Door Screens
- Support Community-Based Mosquito Control Programs

For more information on West Nile Virus, visit <http://www.cdc.gov/ncidod/dvbid/westnile/index.htm>

Navy and Marine Corps Medical News

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Navy Family Doc-in-Training Earns Double Aerospace Medicine Awards

By Rod Duren, Naval Hospital Pensacola Public Affairs

PENSACOLA, Fla. - At May's Aerospace Medical Association International conference in Orlando, Fla., Lt. Cmdr. G. Merrill Rice, a former principal investigator at NAMRL in Pensacola, won two separate awards including the prestigious 'Ashton Graybiel Award' from the Society of Naval Flight Surgeons for outstanding contribution to aerospace research; and the 'Ellingson Award' of the Aerospace Medical Association Associate Fellows' organization.

The 'Ashton Graybiel Award' - named in honor of the long-time Pensacola medical researcher at the

Naval Aerospace Medical Institute and NAMRL -- was for Rice's publication in *Aerospace and Environmental Medicine* magazine on altitude decompression sickness that has already made a significant impact on the health and safety of naval aviators.

"Traditionally, Navy doctors are taught to treat Altitude Decompression Sickness (DCS) in a similar fashion as diving DCS," said Rice. "Research in our hyper and hypobaric chambers suggests that perhaps we have been mis-classifying several of our cases of Altitude DCS as severe, subsequently treating aviation personnel with full recompression treatments."

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AL ANBAR PROVINCE, Iraq - Hospital Corpsman 3rd Class Sondra R. LaForge assigned to 1st Dental Battalion, Combat Logistics Battalion-5 (CLB-5), 1st Marine Logistics Group (1MLG) takes an x-ray before performing oral surgery on an Iraqi soldier at Camp Al Taqaddum June 22. U.S. Marine Corps photo by Cpl. Samantha L. Jones

Marine Wing Support Squadron-273 Corpsmen Prepare for Iraq

By Pfc. Jason D. Mills, Marine Corps
Air Station Beaufort

YUMA PROVING GROUND, Ariz. – The hospital corpsmen of Marine Wing Support Squadron-273 (MWSS-273) are refining their skills in preparation for their upcoming deployment to Iraq later this year.

The corpsmen of MWSS-273 recently held mass casualty drills during Desert Talon at Yuma Proving Ground, Ariz., in order to assess their proficiency.

"The mass casualty drills are an exercise that we do in order to prepare for a large-scale medical emergency," said Lt. Katherine Wayman, the senior medical officer for MWSS-273.

According to Hospital Corpsman 1st Class Matthew Barnhart, the independent duty corpsman for MWSS-273, a mass casualty is any medical emergency where the number of casualties outnumbers the total number of corpsmen that are assigned to that unit, or any medical emergency where the total number of victims is more than five.

The mass casualty drill encompasses many facets of MWSS-273, from the corpsmen to all of the different administration shops.

"We have everyone from the doctors themselves to all of the S-1 shops," said Chief Hospital Corpsman Matthew Sobolewski, the leading chief petty officer for MWSS-273. "All of our doctors and corpsmen participate as well as Marines for the simulated casualties. Marines also will provide security and the medical evacuation recourses."

Days of planning goes into each drill, according to Barnhart. From the initial meeting all the way through the final debrief everyone pitches in to thoroughly prepare for the drills.

"We try and get the Marines involved in the exercise so they can see how they will be involved in a real life emergency," he said.

According to Barnhart, one reason that each drill takes so long to plan is because no two drills are the same.

"We have different levels of drills," he said. "We try and have more casualties each time so we can assess the proficiency of all of our medical personnel and refine our skills and point out our weak points."

Although each drill is different, all of the drills have one focus: to prepare the corpsmen for what they

may see in Iraq.

Every war has its own type of casualties, so we are trying to train for what we are seeing over in Iraq and that is mainly improvised explosive devices," Barnhart said.

Another common strand between all the scenarios is that all the simulated wounds should be as realistic as possible without actually being the real thing, said Wayman.

"We use moulage kits, which are basically high-tech make up kits," she said. "We try and come as close to the real thing without actually hurting the Marines who are playing the victims."

For the corpsmen of MWSS-273 each training exercise comes as a solemn reminder of what may be to come when they go to Iraq and even though the training is necessary hopes are high that their skills will never have to be put to use for the real thing.

"For a lot of our junior corpsmen this will be their first experience out in Iraq and with this training they seem to pick up what they need to really fast," said Hospital Corpsman 1st Class John Henry, one of the pharmacy technicians for MWSS-273.

Singapore Armed Forces Members Tour USNS Mercy

By Mass Communication Specialist 1st Class Daniel J. Calderón, Commander Task Force 73 Public Affairs

SINGAPORE - Thirty members of the Singapore Armed Forces toured hospital ship USNS Mercy (T-AH 19) June 23 while the ship was in port here.

The military group was made up of Republic of Singapore navy (RSN), air force and army medical personnel who wanted the chance to see the inner workings of the hospital ship.

"It was my first time aboard the ship," said RSN Capt. Tukwah Siew. "The crew members we met were all very helpful and very knowledgeable. The tour itself was great. It was an incredible overview of what they do for so many people."

Laurent D. Charbonnet, serving as Chargé d'Affaires while the American ambassador to the Republic of Singapore is away, was also a part of the tour group. Char-

bonnet feels that involving Singapore's armed forces in tours like this one is important to maintaining good relations and believes Mercy serves a dual purpose as it is deployed around the Pacific.

"I think this ship and the crew are terrifically important," said Charbonnet. "I think Mercy is important both in practice and as a symbol. In practice, the crew can provide vital medical care to countries across Southeast Asia. As a symbol, the ship is a show of American goodwill wherever it goes."

Mercy is on a five-month humanitarian deployment to South and Southeast Asia. Mercy is partnering with nongovernmental organizations for this mission, including Aloha Medical Mission, Project HOPE, and the U.S. Public Health Services. Mercy's Navy crew is working side by side with members of the Air Force and Army, as well as armed forces from Canada, India and the Philippines.

Naval Medical Center Portsmouth Graduates Navy and Air Force Interns

By Deborah R. Kallgren, Naval Medical Center Portsmouth Public Affairs

NAVAL MEDICAL CENTER PORTSMOUTH, Va. – The intern class of 2006 graduated at Naval Medical Center Portsmouth (NMCP) June 30.

The class of 79 interns, 75 from the U.S. Navy and four from the U.S. Air Force, are now trained as general physicians, and upon graduation will be eligible for their medical license. Most will serve two years as general medical officers on ships, or pursue undersea medicine or in-flight surgery training to gain operational experience with the military. Then, they may

pursue residency training to become a specialist in a military hospital.

"In civilian medicine, 99 percent of interns go straight to residency," said Cmdr. Edward D. Simmer, NMCP Intern Coordinator. "Our interns are motivated to serve their country, and may go out to support the war effort."

"The operational experience is invaluable. In two years on a ship, doctors learn about the environment their patients come from, and through that understanding, can treat them more effectively," he added.

Begun in 1935, NMCP's intern

program is the oldest medical training program in the Navy. This 73rd class is unique in that four members are from the Air Force.

"They started at Keesler," said Simmer. "When Katrina hit, they came here to complete their internship." Keesler Air Force Base is in Biloxi, Miss., and was heavily damaged in the Category 4 hurricane last August.

NMCP Commander Rear Adm. Thomas R. Cullison presided over the graduation ceremony. Brig. Gen. John E. Wissler, USMC, was the keynote speaker. He is the Senior Military Assistant to the Deputy Secretary of Defense.

Doc-in-Training continued...

(Continued from page 1)

"In reality, most cases of Altitude DCS we see from our training flights would most likely respond to 100 percent oxygen alone, thus reducing the barotrauma which may occur from Hyperbaric Oxygen therapy; and it also saves money and man-hours lost to lengthy treatments," he said.

In addition to this research, Rice supported investigations into alternative methods of simulating

hypoxia incidents that Navy and Marine Corps aviators may experience at altitude compared to the traditional hypobaric chamber training. He and colleague, now-retired, Captain Charles Vacchiano were part of the NAMRL team that was awarded a patent for the Reduced Oxygen Breathing Device (ROBD) that is in procurement by the Navy as an alternative to hypobaric chamber hypoxia training in the Navy and Marine Corps.

The ROBD uses nitrogen to re-

duce the oxygen concentration in the air the aviator breathes in. Naval aviators are increasingly able to experience ROBD hypoxia training as an alternative to traditional hypobaric chambers for their physiological refresher training, resulting in fewer cases of Altitude DCS and barotraumas.

"We are also using the ROBD to evaluate the safety and efficacy of many pharmaceuticals we would like to use at altitude," Rice said.



ANDARH, Afghanistan - Hospital Corpsman 1st Class Michele Reed, assigned to the 405th Civil Affairs Battalion, gives a young Afghan boy a deworming solution during a village medical outreach in Andarh, June 5. U.S. Army photo by Sgt. Andre' Reynolds

Preventive Medicine Team Prepares for Iraq Deployment

Members of Forward Deployable Preventive Medicine Unit East Team 7 trained on the HAPSITE, a man-portable, gas chromatograph/mass spectrometers that can detect chemical and environmental hazards.

By Mass Communications Specialist
1st Class Jim Bane, Fleet Public
Affairs Center Atlantic

NAVAL STATION NORFOLK, Va. — Members of Forward Deployable Preventive Medicine Unit East Team 7 recently participated in a two-day course that trained them to look for potential breeding sites for diseases or areas that hold hazardous materials.

The course, led by Greg Crisp of the Field Analytical Science Division, Navy Environmental Preventive Medicine Unit 2, was the first training session before the team's deployment to Iraq and took place at Naval Station Norfolk.

The latest equipment available to the team is a man-portable, gas chromatograph/mass spectrometers called the HAPSITE. The HAPSITE Smart Chemical Identification System is a field unit for detecting volatile organics, said Crisp.

In the classroom, Crisp trained team members on advanced techniques of the HAPSITE system and prepared them for a field deployment system that can determine chemical and environmental hazards that can affect U.S. troops. HAPSITE is currently used in Afghanistan.

The second HAPSITE system will accompany members of the team when they deploy to Iraq.

"They will be using it every day," said Crisp.

The team is scheduled for a sec-

ond training session in July before deploying to Iraq.

The classroom portion of the exercise allows the students to learn the HAPSITE as well as the computer software that analyzes the data provided by the HAPSITE system.

The field training exercise lets team members experience a simulated chemical release, during which they will gather environmental samples and determine what course of action to recommend.

In addition to the HAPSITE system, team members are trained in expeditionary logistics.

"This subject covers procedures of who controls how we get assets and how we get those assets from storage to the operational environment," said Hospital Corpsman 2nd Class Jorge Tarat.

On July 10, the two units will begin a week-long training program. Both units will perform field exercises involving taking samples and getting readouts.

"We are not a medical treatment unit," said Capt. Michael Orazé. "We can augment the organic medical assets of the deployed units as needed."

Although not involved in medical treatment, the team does analyze human tissue, testing for diseases. They also test insect samples.

"These Forward Deployable Preventive Medicine Unit teams have been utilized by joint forces repeat-



NORFOLK, Va. - Lt. Cmdr. Kathleen McAllister-Morgan, environmental health officer of Forward Deployed Preventive Medicine Unit Team 7, scans a water sample for pathogens at the Norfolk Environmental Preventive Medicine Unit lab, June 24, 2006. The new unit, formed January, will augment the active duty unit on a rotational basis. *U.S. Navy photo by Petty Officer 2nd Class Kenneth Roadcap*

edly because they are versatile, have a small footprint but provide a lot of capabilities that can help field commanders maintain the health and safety of deployed forces," said Orazé.



ARABIAN SEA - Hospital Corpsman 1st Class Matthew Breske, Independent Duty Corpsman, with Culinary Specialist Seaman Justin Brandenburg providing some extra light, gives medical treatment to a Kenyan civilian sailor aboard the guided-missile frigate USS Reuben James (FFG 57). Reuben James rescued the sailor in the Arabian Sea. *U.S. Navy photo by Ensign Jon Derges*

Naval Hospital Camp Pendleton SARP Consolidates Services

By Douglas W. Allen, Naval Hospital Camp Pendleton Public Affairs

CAMP PENDLETON, Calif. – The Naval Hospital Camp Pendleton Substance Abuse and Rehabilitation Program (SARP) has consolidated their resident programs with Naval Medical Center San Diego's (NMCSD) Point Loma SARP facility. Effective June 15, all Marines or Sailors from Camp Pendleton needing residential substance abuse treatment will go to the Point Loma facility.

According to Capt. Debra Keenan, director for Clinical Support Services at Naval Hospital Camp Pendleton (NHCP), substance abuse treatment aboard Marine Corps Base Camp Pendleton is evolving to better support operational readiness and promote, maintain, and restore the health of our service members.

A collaborative initiative with mental health staff from NMCSC, NHCP, and the Marine Corps Base Camp Pendleton Consolidated Substance Abuse Counseling Center (CSACC) has resulted in a regional continuum of care to treat substance abuse disorders (SUD).

The NHCP SARP is also consoli-

dating with CSACC to provide a jointly managed intensive outpatient program at Camp Pendleton that will provide concurrent treatment for SUD and Post Traumatic Stress Disorder (PTSD).

"These consolidations will continue our high quality substance abuse programs while allowing better utilization of local staff in concert with the CSACC staff," said Keenan. "We can expand availability of our local PTSD programs for our Marines and Sailors returning from combat operations. We will also provide more comprehensive and intensive SUD treatment in an outpatient setting designed to reduce the need for residential treatment. When needed, we can still provide residential substance abuse treatment at the Point Loma facility."

Besides working together, plans are also underway to collocate the NHCP SARP staff with the CSACC staff at the CSACC bldg. Modular office units will be used to augment office space until a more suitable building can be found.

"The consolidation of our and CSACC's staff in one place will allow us to expand our substance abuse program, outpatient family pro-



grams, PTSD programs and continue to provide assistance with pathological gambling and sex addiction," said Mario D'Aliesio, program director for the NHCP SARP.

According to John Veneziano, director of CSACC, all of the current referral procedures for receiving services will stay the same which means that these changes should be seamless for the individuals needing care.

Portsmouth Receives JCAHO Accreditation

By Deborah R. Kallgren, Naval Medical Center Portsmouth Public Affairs

NAVAL MEDICAL CENTER PORTSMOUTH, Va. – Naval Medical Center Portsmouth (NMCP) has

received full accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) following a week-long review of its practices and procedures in the assessment and care of patients, management of the hospital, training and education of staff and the continuum of care. The accreditation is for three years.

"This means that our patients can rest assured that we comply with the highest national standards for safety and quality of care," said Rear Admiral Thomas R. Cullison, Commander, Naval Medical Center Portsmouth. "I am proud of our staff members who helped us achieve this designation, and proud

of the quality of care we provide our beneficiaries."

JCAHO standards address quality and safety of care. Infection control, emergency management, patient rights, human resources and performance improvement are areas the JCAHO inspectors reviewed during their five days at NMCP and its clinics.

JCAHO accreditation is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. To earn and maintain accreditation, an organization must undergo an unannounced, onsite evaluation every three years.



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